

DBP Precursor Form 2
Alternative Compliance Criteria for Conventional Filtration Treatment Plants

PWSID #:

SYSTEM NAME:

DATE:

TREATMENT PLANT NAME:

TREATMENT PLANT ID #:

AUTHORIZED SIGNATURE:

TITLE:

PREPARED BY:

TITLE:

PHONE NUMBER:

Check One:

☐ 1st Quarter
(Due by April 10th)

☐ 2nd Quarter
(Due by July 10th)

☐ 3rd Quarter
(Due by Oct. 10th)

☐ 4th Quarter
(Due by Jan.10th)

YEAR: 20__ __

System Uses Only Chlorine for Primary Disinfection and Residual Maintenance:

Yes ☐

No ☐

VIOLATION?: ☐

CRITERIA USED:

☐ (i)

☐ (ii)

☐ (iii)

☐ (iv)

☐ (v)

☐ (vi)

Month	Year	Column A		Column B		Column C		Column D		Column E		Column F		Column G	
		Source Water Alkalinity (mg/L)		Source Water TOC (mg/L)		Treated TOC (mg/L)		Source SUVA (Source UV-254/ Source DOC)		Finished SUVA (Finished UV-254/ Finished DOC)		Distribution System TTHM (mg/L)		Distribution System HAA5 (mg/L)	
January	20__ __														
February	20__ __														
March	20__ __		Q1=		Q1=		Q1=		Q1=		Q1=		Q1=		Q1=
April	20__ __														
May	20__ __														
June	20__ __		Q2=		Q2=		Q2=		Q2=		Q2=		Q2=		Q2=
July	20__ __														
August	20__ __														
September	20__ __		Q3=		Q3=		Q3=		Q3=		Q3=		Q3=		Q3=
October	20__ __														
November	20__ __														
December	20__ __		Q4=		Q4=		Q4=		Q4=		Q4=		Q4=		Q4=
RAA=				RAA=		RAA=		RAA=		RAA=		RAA=		RAA=	

Instructions on Reverse

**INSTRUCTIONS FOR COMPLETING
DBP Precursor Form 2**

1. **PWSID #:** Enter the Public Water System (PWS) ID number assigned by USEPA.
2. **System Name:** Enter system legal name provided to USEPA when PWSID assigned.
3. **Date:** Enter the date that the final report is prepared and signed.
4. **Treatment Plant:** Enter the name of the treatment plant from which these results are associated. Be sure name is consistent with treatment plant name in the monitoring plan.
5. **Treatment Plant ID#:** The treatment plant identification number.
6. **Authorized Signature:** The person that signs the form must be the legal owner or authorized representative of the legal owner. This signature certifies that the information submitted is correct and consistent with the written monitoring plan.
Title: The title of the owner or authorized representative of the legal owner.
7. **Prepared by:** **Print** the name of the person completing the form.
8. **Title:** The title of the person completing this form.
9. **Phone Number:** complete phone number of person completing this form.
10. **Check** the quarter that this report covers. Quarter 1-January, February, and March; Quarter 2-April, May, and June; Quarter 3-July, August, and September; and Quarter 4-October, November, and December.
11. **Year:** Enter the last 2 digits of the year for the reporting quarter.
12. **Check:** Yes, if your system uses ONLY chlorine for both primary and secondary disinfection. No, if your system uses any other disinfectant for either primary or secondary disinfection. If a system answers 'No' to this question, they are not eligible to check Alternative Compliance Criteria (iv).
13. **Violation:** check if there was a violation during the reporting quarter.
14. **Criteria Used:** Check the appropriate alternative compliance criteria that the system will be using for compliance during the most recent quarter and complete the appropriate columns as listed in (i):
 - (i) The system's source water TOC level is less than 2.0 mg/L, calculated quarterly as a running annual average (Complete Columns A, B & C):
 - (ii) The system's treated water TOC level is less than 2.0 mg/L, calculated quarterly as a running annual average (Complete Columns A, B, & C):
 - (iii) The system meets all 3 of the following criteria (Complete Columns A, B, C, F & G):
 - a. The system's source water TOC level is less than 4.0 mg/L, calculated quarterly as a running annual average
 - b. The system's source water alkalinity is greater than 60 mg/L (as CaCO₃), calculated quarterly as a running annual average; and
 - c. The system's TTHM and HAA5 running annual averages are no greater than 0.040 mg/L and 0.030 mg/L, respectively.
 - (iv) The TTHM and HAA5 running annual averages are no greater than 0.040 mg/L and 0.030 mg/L, respectively, and the system uses only chlorine for primary disinfection and maintenance of a residual in the distribution system (Complete Columns A, B, C, F & G):
 - (v) The system's source water SUVA, prior to any treatment and measured monthly is less than or equal to 2.0 L/mg-m, calculated quarterly as a running annual average (Complete Columns A, B, C & D):
 - (vi) The system's finished water SUVA, measured monthly, is less than or equal to 2.0 L/mg-m, calculated quarterly as a running annual average (Complete Columns A, B, C & E).

Complete the appropriate reporting columns, as listed above, for each Alternative Compliance Criteria as follows:

(Note: All systems must complete Columns A, B, and C, regardless of which Alternative Compliance Criteria they use to demonstrate compliance)

15. **Column A:** Enter the value that represents the source water alkalinity in mg/L (as CaCO₃). If more than one monthly analysis is performed, report the average for the month consistent with the schedule provided in the system's monitoring plan. At the end of each three-month period, calculate the quarterly average of the monthly values and report them in the unshaded area next to the appropriate Quarter (Q1, Q2, Q3, or Q4). At the end of each quarter, calculate the running annual average (RAA) of the previous 4 quarters and report the result at the bottom of the form in the row labeled "RAA".
16. **Column B:** Enter value that represents the source water TOC in mg/L. If more than one monthly analysis is performed, report the average for the month consistent with the schedule provided in the system's monitoring plan. At the end of each three-month period, calculate the quarterly average of the monthly values and report them in the unshaded area next to the appropriate Quarter (Q1, Q2, Q3, or Q4). At the end of each quarter, calculate the running annual average (RAA) of the previous 4 quarters and report the result at the bottom of the form in the row labeled "RAA".
17. **Column C:** Enter the value that represents the finished water TOC in mg/L. If more than one monthly analysis is performed, report the average for the month consistent with the schedule provided in the system's monitoring plan. At the end of each three-month period, calculate the quarterly average of the monthly values and report them in the unshaded area next to the appropriate Quarter (Q1, Q2, Q3, or Q4). At the end of each quarter, calculate the running annual average (RAA) of the previous 4 quarters and report the result at the bottom of the form in the row labeled "RAA".
18. **Column D:** enter the value that represents the source water SUVA (in L/mg-m). If more than one...etc. Same as A,B,C above).
19. **Column E:** Enter the value that represents the finished water SUVA (in L/mg-m). If more that one...etc.
20. **Columns F & G:** Enter in Columns F and G the value that represents distribution system TTHM and HAA5 concentrations respectively. If more than one...etc.

NOTE: Systems do not need to calculate the Running Annual Average (RAA) for source water alkalinity, source water TOC or finished water TOC unless it is required under the appropriate alternative compliance criteria (ACC). (i.e., a system using ACC - (v) would need to report the values of the source water alkalinity, source water TOC and finished water TOC, but would not need to calculate their quarterly averages or their RAAs.